



# **Maryland HIV/AIDS Quarterly Update**

# Second Quarter 2018 Data reported through June 30, 2018

Center for HIV Surveillance, Epidemiology and Evaluation Infectious Disease Prevention and Health Services Bureau Prevention and Health Promotion Administration Maryland Department of Health https://phpa.health.maryland.gov/OIDEOR/CHSE/pages/Home.aspx 1-800-358-9001

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# Section I – Background Information

## HIV/AIDS Reporting Requirements

The Maryland HIV/AIDS Reporting Act of 2007 went into effect on April 24, 2007. The law expanded HIV/AIDS reporting and required that HIV cases be reported by name. The following highlights the reporting requirements of Health-General Articles 18-201.1, 18-202.1, and 18-205 of the Annotated Code of Maryland, as specified in the Code of Maryland Regulations (COMAR) 10.18.02.

- Physicians are required to report patients in their care with diagnoses of HIV or AIDS immediately to the Local Health Department where the physician's office is located by mailing the Maryland Confidential Morbidity Report (DHMH 1140). Reports are also accepted by phone.
- Physicians are required to report infants born to HIV positive mothers within 48 hours to the Maryland Department
  of Health by mailing the Maryland Confidential Morbidity Report (DHMH 1140). Reports are also accepted by
  phone.
- Clinical and infection control practitioners in hospitals, nursing homes, hospice facilities, medical clinics in
  correctional facilities, inpatient psychiatric facilities, and inpatient drug rehabilitation facilities are required to report
  patients in the care of the institution with diagnoses of HIV or AIDS within 48 hours to the Local Health
  Department where the institution is located by mailing the Maryland Confidential Morbidity Report (DHMH 1140).
  Reports are also accepted by phone. Facilities with large volumes are encouraged to contact the Maryland
  Department of Health to establish electronic reporting.
- Laboratory directors are required to report patients with laboratory results indicating HIV infection (e.g., positive confirmatory HIV diagnostic tests, all CD4 immunological tests, all HIV viral load tests, and all HIV genotype and phenotype tests) within 48 hours to the Local Health Department where the laboratory is located, or if out of state to the Maryland Department of Health, by mailing the State of Maryland HIV/CD4 Laboratory Reporting Form (DHMH 4492). Laboratories are encouraged to contact the Maryland Department of Health to establish electronic reporting.

Reporting forms and instructions, including mailing addresses and phones numbers, are available on our website: https://phpa.health.maryland.gov/OIDEOR/CHSE/Pages/reporting-material.aspx

## For Assistance with HIV/AIDS Reporting

For assistance with reporting, including establishment of routine, electronic, or other alternate methods of reporting to the Maryland Department of Health, please contact the Center for HIV Surveillance, Epidemiology and Evaluation in the Maryland Department of Health at 410-767-5227.

#### Limitations in the HIV/AIDS Data

This epidemiological profile only contains data for HIV and AIDS cases that have been diagnosed by a health care provider, were reported to the health department by name, and were residents of Maryland at the time of diagnosis or are current residents of Maryland as of 12/31/2017. Nationally, it has been estimated that 14.5% of people living with HIV infection are undiagnosed. In Maryland, it has been estimated that 14.0% of people living with HIV infection are undiagnosed. Surveillance is the ongoing systematic collection, analysis, interpretation, and dissemination of case report data. Case report data are only available for cases receiving medical care, often only at facilities in Maryland, and only includes information that has been reported to the health department. Linkage to care data is based solely on laboratory data reported to the health department.

This epidemiological profile provides estimates of living Maryland diagnosed cases by current residence as of 12/31/2017. Residence at diagnosis and age at diagnosis are used exclusively to describe new HIV and AIDS diagnoses. Current residence data are restricted to cases for which there is a case report form or laboratory test reported since 1/1/2009. Restricting address data to recent years presents the most accurate data available and helps to account for cases that

may have moved out of state whose data would no longer be reported in Maryland. However, current residence data excludes cases that may still be residents of Maryland but have not received any HIV care during the most recent nine and a half years. In addition, residence is dynamic, and cases may have resided at multiple addresses that cannot all be represented in single time point estimates.

For additional information regarding current residence, please contact the Center for HIV Surveillance, Epidemiology and Evaluation in the Maryland Department of Health at 410-767-5227.

Please note that data reported in the quarterly reports may not match data reported in the annual epidemiological profiles due to differences in reporting periods. In addition, not all data has been geocoded in the quarterly reports and therefore is preliminary. Geocoding is the process of assigning geographic identifiers to map features and data records. Addresses are standard data elements required by law and submitted as part of reporting requirements; however, the information may be incomplete which then requires a geocoding process to improve the quality of data. This process is fully completed on the end-of-the-year data set.

## Stages of a Case of HIV/AIDS

Untreated HIV disease progresses from HIV infection to AIDS to death. These are biological events that occur whether or not a person receives any medical care. For example, a person can be HIV infected but never have an HIV test and so they do not have an HIV diagnosis. A medical provider diagnoses that these biological events have occurred and records them as a medical event. The law requires medical providers to report these medical events to the Health Department, thereby creating a surveillance event.

Time Point	Biological Event	Medical Event	Surveillance Event
1	HIV Infection		
2		HIV Diagnosis	
3			HIV Report
4	AIDS Conditions		
5		AIDS Diagnosis	
6			AIDS Report
7	Death		
8		Death Diagnosis	
9			Death Report

A case of HIV/AIDS can only move through time in one direction, from HIV infection to death report [from time point 1 to time point 9], but may skip over individual stages. Events can occur simultaneously, but usually there is a time lag between them. The time lag between events can be measured in days, months, and years.

For example, the time between HIV infection [time point 1] and the test that diagnoses HIV [time point 2] may be several years, and it may then take several days for the laboratory and physician to report the diagnosis to the health department [time point 3]. In a second example, a person with diagnosed and reported HIV infection [time point 3] may die [time point 7] without developing AIDS, thereby skipping the three AIDS events (conditions, diagnosis, and report [time points 4, 5 and 6]). And in a third example, a person with undiagnosed HIV infection [time point 1] may become sick, enter the hospital, and die [time point 7] of what is later determined to be AIDS. In that situation, HIV diagnosis [time point 2], AIDS diagnosis [time point 5], and death diagnosis [time point 8] would all occur at the same time, and that would probably be many years after the initial HIV infection [time point 1].

## Changes in Case Terminology

The terminology for HIV and AIDS cases was changed from earlier epidemiological profiles to be more precise, with Reported Diagnoses replacing Incidence and Living Cases replacing Prevalence. Incidence is a measure of the number of new events (such as HIV infections) in a population during a period of time. Prevalence is a measure of the number of people living with a condition (such as HIV) in a population at a certain time. Prevalence includes both newly and previously diagnosed cases as well as undiagnosed infections. For HIV, Incidence and Prevalence cannot be directly measured and must be estimated using statistical methods. The HIV surveillance system is able to provide the actual number of diagnoses and deaths that are reported in the population.

For this epidemiological profile, the reports received through a certain time (a quarter-year) are used to generate the number of diagnoses during the prior years. This six-month lag allows for delays in reporting and time to complete investigations. For example, the Reported HIV Diagnoses for 1/01/2017-12/31/2017 are the total of the reported HIV cases with or without an AIDS diagnosis, diagnosed with HIV during 1/01/2017-12/31/2017, as reported by name through 6/30/2018.

To calculate the number of Living Cases we count all Reported Diagnoses from the beginning of the epidemic (all the Reported HIV Diagnoses each year) and subtract all Reported Deaths. For example, the Total Living HIV Cases on 12/31/2017 are the total of the reported HIV Cases with or without an AIDS diagnosis and not reported to have died as of 6/30/2018 as reported by name through 6/30/2018.

## **Laboratory Data**

CD4+ T-lymphocyte tests are measures of a person's immune system function. An HIV infected adult is considered to have AIDS if they have less than 200 CD4+ cells per microliter of blood or if the percent of T-Lymphocyte cells that are CD4+ cells is less than 14%. Viral load (VL) tests are measures of the amount of HIV in a person's body. The goal of HIV treatment is to have a very low number of copies of virus per milliliter of blood, below what the test can measure, which is called an undetectable level. Low levels of VL, such as less than 200 copies per milliliter of blood, are known as viral suppression. Treatment recommendations are that a person in HIV medical care should have their CD4 and VL levels measured regularly, at least once per year. We use the presence of these lab tests as an indicator that someone has been "linked to care" after diagnosis or is "retained in care."

#### Sources of Data

Information on HIV and AIDS diagnoses, including residence at diagnosis, current residence, age, race/ethnicity, sex at birth, current gender, country of birth, vital status, HIV exposure category, and CD4 and HIV viral load test results are from the Maryland Department of Health's Enhanced HIV/AIDS Reporting System (eHARS), June 30, 2018.

Population data by sex, age, and race/ethnicity are from the July 1, 2017 U.S. Census Estimates. Due to estimation limitations, some population totals may not equal the sum of its components.

#### **Tabulation of Column Totals**

Numbers in figures, tables and generally in the text have been rounded. Discrepancies in tables between totals and sums of components are due to rounding.

## **Data Suppression**

In order to protect the confidentiality of reported HIV cases, data are suppressed in the following instances:

- Data describing a demographic group or geographic area (e.g. ZIP code) with a population less than 1,000 people.
- All clinical/laboratory information if it is describing less than 5 cases.
- If any cell is suppressed, additional cells are also suppressed as necessary to prevent back calculation of the suppressed cell(s).

# Glossary of Terms

**Adult/Adolescent Living HIV Cases with AIDS:** Reported HIV diagnoses with an AIDS diagnosis, age 13 years or older, and not reported to have died as of 6/30/2018.

**Adult/Adolescent Living HIV Cases without AIDS:** Reported HIV diagnoses without an AIDS diagnosis, age 13 years or older, and not reported to have died as of 6/30/2018.

**Adult/Adolescent Reported AIDS Diagnoses:** Reported HIV diagnoses, age 13 years or older at HIV diagnosis, with an initial AIDS diagnosis during the specified year.

**Adult/Adolescent Reported HIV Diagnoses:** Reported HIV diagnoses, age 13 years or older at HIV diagnosis, with an initial HIV diagnosis during the specified year.

**Adult/Adolescent Total Living HIV Cases:** Reported HIV diagnoses with or without an AIDS diagnosis, age 13 years or older, and not reported to have died as of 6/30/2018.

**CD4 Result Distribution (<200, 200-349, 350-499, 500+):** Percent of adult/adolescent living HIV cases with a recent CD4 test result distributed by the CD4 count results (cells per microliter).

CD4 With Test: Number and percent of adult/adolescent total living HIV cases with a recent CD4 test result.

**Corrections:** Residence in a state or federal prison. Does not include local jails and detention centers.

Current Residence: Jurisdiction of residence from the most recent report since 1/1/2009.

**First CD4 Test Result Percent:** Percent of adult/adolescent reported HIV diagnoses with the first CD4 test result reported within 12 months following the initial HIV diagnosis.

First CD4 Test Result Median Count: Median CD4 count (cells per microliter) of the first CD4 test result reported within 12 months following initial HIV diagnosis.

Jurisdiction of Current Residence: Jurisdiction of residence from the most recent report since 1/1/2009.

Jurisdiction of Residence: Jurisdiction of residence at diagnosis or current residence.

Jurisdiction of Residence at AIDS Diagnosis: Jurisdiction of residence at time of initial AIDS diagnosis.

**Jurisdiction of Residence at Diagnosis:** Jurisdiction of residence at later time of initial HIV diagnosis or time of initial AIDS diagnosis.

Jurisdiction of Residence at HIV Diagnosis: Jurisdiction of residence at time of initial HIV diagnosis.

**Late HIV Diagnosis:** Percent of adult/adolescent reported HIV diagnoses with an initial AIDS diagnosis less than or equal to 12 months after their initial HIV diagnosis.

**Linked to Care:** Percent of adult/adolescent reported HIV diagnoses with a reported CD4 or viral load test performed less than or equal to 1 month or 3 months after their initial HIV diagnosis.

**Mean Years from HIV Diagnosis:** Mean number of years from initial HIV diagnosis to initial AIDS diagnosis for cases with a reported AIDS diagnosis.

**Median Count:** Median CD4 count (cells per microliter), among adult/adolescent total living HIV cases, of the most recent CD4 test result measured in the specified year.

**Median Unsuppressed:** Median unsuppressed viral load (copies per milliliter) among adult/adolescent total living HIV cases with the most recent viral load test result measured in the specified year of 200 copies per milliliter or greater.

**Percent Change:** The percent change in number of adult/adolescent total living HIV cases from residence at diagnosis to current residence.

**Percent Late HIV Diagnosis:** Percent of adult/adolescent reported AIDS diagnoses with an initial HIV diagnosis less than or equal to 12 months prior to their initial AIDS diagnosis.

**Percent Suppressed:** Percent of adult/adolescent total living HIV cases with the most recent viral load measured in the specified year of less than 200 copies per milliliter.

**Population Age 13+:** Population age 13 years or older, estimate for 7/1/2017.

Rate: Number of HIV cases divided by the population and multiplied by 100,000.

Ratio (1 in X): Number of people for every 1 living HIV case in the population, or 1 living HIV case in every X number of people.

Recent CD4 Test Result: The most recent CD4 test result measured in the specified year.

Recent Viral Load Test Result: The most recent viral load test result measured in the specified year.

Residence at Diagnosis: Jurisdiction of residence at later time of initial HIV diagnosis or initial AIDS diagnosis.

Viral Load With Test: Number and percent of adult/adolescent total living HIV cases with a recent viral load test result.

#### **MDH Non-Discrimination Statement**

The Maryland Department of Health (MDH) complies with applicable Federal civil right laws and does not discriminate on the basis of race, color, national origin, age, disability in its health programs and activities.

#### **English**

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#### 中文/Chinese

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# Section II – Adult/Adolescent Cases by Jurisdiction

Table 1 – Adult/Adolescent HIV Diagnoses during 1/01/2017-12/31/2017, Linked to Care, Late Diagnosis, and First CD4 Test Result by Jurisdiction of Residence at HIV Diagnosis, Reported through 6/30/2018

			/ Diagnoses						
Jurisdiction of Residence at	Population Age 13+	N-	% of	Dete	Linked	to Care	Late HIV Diagnoses	First CD4 T	est Result
HIV Diagnosis	Age 13+	No.	Total	Rate -	% 1 mo.	% 3 mo.	%	%	Median Count
Allegany	62,775	4	0.4%	6.4	***	***	***	***	***
Anne Arundel	480,992	43	4.1%	8.9	86.0%	90.7%	25.6%	83.7%	393
Baltimore City	517,321	208	20.0%	40.2	84.6%	91.3%	20.2%	87.5%	406
Baltimore	703,196	133	12.8%	18.9	91.0%	95.5%	24.1%	93.2%	397
Calvert	76,935	5	0.5%	6.5	80.0%	100.0%	***	100.0%	32
Caroline	27,612	2	0.2%	7.2	***	***	***	***	***
Carroll	142,850	9	0.9%	6.3	88.9%	100.0%	***	100.0%	330
Cecil	86,423	5	0.5%	5.8	100.0%	100.0%	***	***	***
Charles	132,657	31	3.0%	23.4	93.5%	93.5%	29.0%	96.8%	323
Dorchester	27,281	5	0.5%	18.3	100.0%	100.0%	***	100.0%	373
Frederick	211,010	18	1.7%	8.5	100.0%	100.0%	***	88.9%	432
Garrett	25,457	1	0.1%	3.9	***	***	***	***	***
Harford	212,766	24	2.3%	11.3	87.5%	91.7%	50.0%	87.5%	228
Howard	266,287	21	2.0%	7.9	76.2%	90.5%	38.1%	85.7%	224
Kent	17,211	1	0.1%	5.8	***	***	***	***	***
Montgomery	882,259	187	18.0%	21.2	83.4%	92.0%	31.0%	90.9%	343
Prince George's	763,442	290	27.9%	38.0	89.3%	94.8%	31.7%	92.4%	330
Queen Anne's	42,415	0	0.0%	0.0					
Saint Mary's	92,931	4	0.4%	4.3	***	***	***	***	***
Somerset	22,657	0	0.0%	0.0					
Talbot	32,341	0	0.0%	0.0					
Washington	127,071	9	0.9%	7.1	88.9%	100.0%	0.0%	100.0%	513
Wicomico	86,680	16	1.5%	18.5	81.3%	87.5%	***	87.5%	436
Worcester	45,380	2	0.2%	4.4	***	***	***	***	***
Corrections		22	2.1%		81.8%	86.4%	31.8%	100.0%	401
Total	5,085,949	1,040	100.0%	20.4	87.1%	93.3%	27.5%	91.0%	363

<sup>\*\*\*</sup> Data withheld due to low population counts and/or case counts

Table 2 – Adult/Adolescent AIDS Diagnoses during 1/01/2017-12/31/2017, Mean Years from HIV Diagnosis and Percent Late HIV Diagnosis, by Jurisdiction of Residence at AIDS Diagnosis, Reported through 6/30/2018

		Adult/Adolescent Reported AIDS Diagnoses							
Jurisdiction of Residence at AIDS Diagnosis	Population Age 13+	No.	% of Total	Rate	Mean Years from HIV Diagnosis	% Late HIV Diagnosis			
Allegany	62,775	0	0.0%	0.0					
Anne Arundel	480,992	26	4.5%	5.4	6.0	42.3%			
Baltimore City	517,321	160	27.5%	30.9	6.7	31.9%			
Baltimore	703,196	73	12.5%	10.4	5.3	50.7%			
Calvert	76,935	5	0.9%	6.5	0.1	100.0%			
Caroline	27,612	1	0.2%	3.6	***	***			
Carroll	142,850	2	0.3%	1.4	***	***			
Cecil	86,423	2	0.3%	2.3	***	***			
Charles	132,657	20	3.4%	15.1	5.4	50.0%			
Dorchester	27,281	2	0.3%	7.3	***	***			
Frederick	211,010	8	1.4%	3.8	5.9	37.5%			
Garrett	25,457	0	0.0%	0.0					
Harford	212,766	12	2.1%	5.6	0.2	91.7%			
Howard	266,287	15	2.6%	5.6	2.6	80.0%			
Kent	17,211	0	0.0%	0.0					
Montgomery	882,259	75	12.9%	8.5	3.2	70.7%			
Prince George's	763,442	164	28.2%	21.5	3.7	56.7%			
Queen Anne's	42,415	1	0.2%	2.4	***	***			
Saint Mary's	92,931	1	0.2%	1.1	***	***			
Somerset	22,657	1	0.2%	4.4	***	***			
Talbot	32,341	1	0.2%	3.1	***	***			
Washington	127,071	0	0.0%	0.0					
Wicomico	86,680	4	0.7%	4.6	***	***			
Worcester	45,380	0	0.0%	0.0					
Corrections	·	9	1.5%		1.4	77.8%			
Total	5,085,949	582	100.0%	11.4	4.8	51.7%			

<sup>\*\*\*</sup> Data withheld due to low population counts and/or case counts

Table 3 – Adult/Adolescent HIV Cases Alive on 12/31/2017, by Jurisdiction of Residence at Diagnosis, Reported through 6/30/20108

		•		9								
Jurisdiction of	Population	Adult/Adolescent Living HIV Cases without AIDS				Adult/Adolescent Living HIV Cases with AIDS			Adult/Adolescent Total Living HIV Cases			
Residence at Diagnosis	Age 13+	No.	% of Total	Rate	No.	% of Total	Rate	No.	% of Total	Rate	Ratio (1 in X)	
Allegany	62,775	40	0.3%	63.7	32	0.2%	51.0	72	0.2%	114.7	871	
Anne Arundel	480,992	593	3.9%	123.3	706	4.0%	146.8	1,299	4.0%	270.1	370	
Baltimore City	517,321	5,337	34.8%	1,031.7	6,597	37.7%	1,275.2	11,934	36.3%	2,306.9	43	
Baltimore	703,196	1,700	11.1%	241.8	1,835	10.5%	261.0	3,535	10.8%	502.7	198	
Calvert	76,935	51	0.3%	66.3	58	0.3%	75.4	109	0.3%	141.7	705	
Caroline	27,612	33	0.2%	119.5	35	0.2%	126.8	68	0.2%	246.3	406	
Carroll	142,850	68	0.4%	47.6	75	0.4%	52.5	143	0.4%	100.1	998	
Cecil	86,423	50	0.3%	57.9	63	0.4%	72.9	113	0.3%	130.8	764	
Charles	132,657	268	1.7%	202.0	228	1.3%	171.9	496	1.5%	373.9	267	
Dorchester	27,281	48	0.3%	175.9	84	0.5%	307.9	132	0.4%	483.8	206	
Frederick	211,010	184	1.2%	87.2	163	0.9%	77.2	347	1.1%	164.4	608	
Garrett	25,457	6	0.0%	23.6	4	0.0%	15.7	10	0.0%	39.3	2,545	
Harford	212,766	199	1.3%	93.5	258	1.5%	121.3	457	1.4%	214.8	465	
Howard	266,287	273	1.8%	102.5	279	1.6%	104.8	552	1.7%	207.3	482	
Kent	17,211	17	0.1%	98.8	21	0.1%	122.0	38	0.1%	220.8	452	
Montgomery	882,259	2,033	13.3%	230.4	2,158	12.3%	244.6	4,191	12.8%	475.0	210	
Prince George's	763,442	3,469	22.6%	454.4	3,663	20.9%	479.8	7,132	21.7%	934.2	107	
Queen Anne's	42,415	12	0.1%	28.3	37	0.2%	87.2	49	0.1%	115.5	865	
Saint Mary's	92,931	63	0.4%	67.8	68	0.4%	73.2	131	0.4%	141.0	709	
Somerset	22,657	26	0.2%	114.8	32	0.2%	141.2	58	0.2%	256.0	390	
Talbot	32,341	27	0.2%	83.5	34	0.2%	105.1	61	0.2%	188.6	530	
Washington	127,071	171	1.1%	134.6	127	0.7%	99.9	298	0.9%	234.5	426	
Wicomico	86,680	120	0.8%	138.4	116	0.7%	133.8	236	0.7%	272.3	367	
Worcester	45,380	33	0.2%	72.7	44	0.3%	97.0	77	0.2%	169.7	589	
Corrections		504	3.3%		796	4.5%		1,300	4.0%			
Total	5,085,949	15,325	100.0%	301.3	17,513	100.0%	344.3	32,838	100.0%	645.7	154	

Table 4 – Adult/Adolescent HIV Cases Alive on 12/31/2017, by Jurisdiction of Residence at Diagnosis and Current Residence, Reported through 6/30/2018

	_					-	_			
				Adul	t/Adolesce	nt Total Living HIV Cases				
Jurisdiction of	Population	R	esidence a	t Diagnosi	S		- %			
Residence	Age 13+	No.	% of Total	Rate	Ratio (1 in X)	No.	% of Total	Rate	Ratio (1 in X)	Change
Allegany	62,775	72	0.2%	114.7	871	102	0.3%	162.5	615	41.7%
Anne Arundel	480,992	1,299	4.0%	270.1	370	1,313	4.3%	273.0	366	1.1%
Baltimore City	517,321	11,934	36.3%	2,306.9	43	10,543	34.5%	2,038.0	49	-11.7%
Baltimore	703,196	3,535	10.8%	502.7	198	3,276	10.7%	465.9	214	-7.3%
Calvert	76,935	109	0.3%	141.7	705	129	0.4%	167.7	596	18.3%
Caroline	27,612	68	0.2%	246.3	406	63	0.2%	228.2	438	-7.4%
Carroll	142,850	143	0.4%	100.1	998	132	0.4%	92.4	1,082	-7.7%
Cecil	86,423	113	0.3%	130.8	764	145	0.5%	167.8	596	28.3%
Charles	132,657	496	1.5%	373.9	267	537	1.8%	404.8	247	8.3%
Dorchester	27,281	132	0.4%	483.8	206	145	0.5%	531.5	188	9.8%
Frederick	211,010	347	1.1%	164.4	608	424	1.4%	200.9	497	22.2%
Garrett	25,457	10	0.0%	39.3	2,545	14	0.0%	55.0	1,818	40.0%
Harford	212,766	457	1.4%	214.8	465	484	1.6%	227.5	439	5.9%
Howard	266,287	552	1.7%	207.3	482	652	2.1%	244.8	408	18.1%
Kent	17,211	38	0.1%	220.8	452	34	0.1%	197.5	506	-10.5%
Montgomery	882,259	4,191	12.8%	475.0	210	3,301	10.8%	374.2	267	-21.2%
Prince George's	763,442	7,132	21.7%	934.2	107	7,283	23.8%	954.0	104	2.1%
Queen Anne's	42,415	49	0.1%	115.5	865	47	0.2%	110.8	902	-4.1%
Saint Mary's	92,931	131	0.4%	141.0	709	167	0.5%	179.7	556	27.5%
Somerset	22,657	58	0.2%	256.0	390	83	0.3%	366.3	272	43.1%
Talbot	32,341	61	0.2%	188.6	530	70	0.2%	216.4	462	14.8%
Washington	127,071	298	0.9%	234.5	426	314	1.0%	247.1	404	5.4%
Wicomico	86,680	236	0.7%	272.3	367	253	0.8%	291.9	342	7.2%
Worcester	45,380	77	0.2%	169.7	589	77	0.3%	169.7	589	0.0%
Corrections		1,300	4.0%			979	3.2%			
Total	5,085,949	32,838	100.0%	645.7	154	30,567	100.0%	601.0	166	-6.9%

Table 5 – CD4 Test Results during 1/01/2017-12/31/2017 for Adult/Adolescent HIV Cases Alive on 12/31/2017, by Jurisdiction of Current Residence, Reported through 6/30/2018

	Adult/Adolescent Total Living HIV Cases											
Jurisdiction of Current Residence				Recen	CD4 Test F	Result						
	No.	No. with Test	% with Test	Median Count	<200	200-349	350-499	500+				
Allegany	102	91	89.2%	660	5.5%	12.1%	8.8%	73.6%				
Anne Arundel	1,313	911	69.4%	608	10.8%	8.9%	15.8%	64.5%				
Baltimore City	10,543	7,517	71.3%	567	11.3%	13.8%	16.7%	58.2%				
Baltimore	3,276	2,222	67.8%	607	9.2%	11.9%	15.1%	63.8%				
Calvert	129	104	80.6%	666	7.7%	12.5%	18.3%	61.5%				
Caroline	63	41	65.1%	662	2.4%	19.5%	9.8%	68.3%				
Carroll	132	89	67.4%	601	9.0%	14.6%	12.4%	64.0%				
Cecil	145	90	62.1%	612	6.7%	10.0%	15.6%	67.8%				
Charles	537	423	78.8%	598	10.6%	11.8%	14.2%	63.4%				
Dorchester	145	117	80.7%	585	6.0%	12.8%	21.4%	59.8%				
Frederick	424	311	73.3%	592	8.7%	10.3%	16.7%	64.3%				
Garrett	14	11	78.6%	692	0.0%	9.1%	27.3%	63.6%				
Harford	484	344	71.1%	558	11.9%	14.5%	16.3%	57.3%				
Howard	652	473	72.5%	574	9.5%	13.1%	15.4%	61.9%				
Kent	34	29	85.3%	592	3.4%	17.2%	20.7%	58.6%				
Montgomery	3,301	2,367	71.7%	586	8.2%	11.7%	18.6%	61.6%				
Prince George's	7,283	5,409	74.3%	583	9.0%	12.5%	17.8%	60.7%				
Queen Anne's	47	37	78.7%	630	8.1%	16.2%	16.2%	59.5%				
Saint Mary's	167	128	76.6%	575	8.6%	16.4%	16.4%	58.6%				
Somerset	83	64	77.1%	610	7.8%	15.6%	12.5%	64.1%				
Talbot	70	57	81.4%	523	15.8%	12.3%	17.5%	54.4%				
Washington	314	234	74.5%	675	7.3%	9.0%	13.2%	70.5%				
Wicomico	253	188	74.3%	524	12.8%	12.2%	20.7%	54.3%				
Worcester	77	68	88.3%	696	10.3%	5.9%	14.7%	69.1%				
Corrections	979	704	71.9%	524	15.1%	15.8%	17.2%	52.0%				
Total	30,567	22,029	72.1%	582	10.0%	12.7%	16.9%	60.4%				

Table 6 – Viral Load Test Results during 1/01/2017-12/31/2017 for Adult/Adolescent HIV Cases Alive on 12/31/2017, by Jurisdiction of Current Residence, Reported through 6/30/2018

	Adult/Adolescent Total Living HIV Cases										
Jurisdiction of Current		Recent Viral Load Test Result									
Residence	No.	No. with Test	% with Test	% Suppressed	Median Unsuppressed						
Allegany	102	82	80.4%	89.0%	1,056						
Anne Arundel	1,313	922	70.2%	84.7%	7,840						
Baltimore City	10,543	7,918	75.1%	81.9%	12,153						
Baltimore	3,276	2,324	70.9%	84.9%	10,762						
Calvert	129	102	79.1%	90.2%	4,805						
Caroline	63	41	65.1%	92.7%	21,300						
Carroll	132	95	72.0%	88.4%	30,583						
Cecil	145	89	61.4%	87.6%	14,600						
Charles	537	430	80.1%	83.0%	11,900						
Dorchester	145	116	80.0%	91.4%	1,280						
Frederick	424	317	74.8%	88.0%	9,710						
Garrett	14	11	78.6%	100.0%							
Harford	484	345	71.3%	86.7%	10,864						
Howard	652	483	74.1%	85.3%	5,700						
Kent	34	30	88.2%	90.0%	4,350						
Montgomery	3,301	2,381	72.1%	88.1%	7,895						
Prince George's	7,283	5,455	74.9%	84.5%	14,250						
Queen Anne's	47	38	80.9%	89.5%	17,675						
Saint Mary's	167	126	75.4%	82.5%	4,046						
Somerset	83	64	77.1%	87.5%	21,750						
Talbot	70	59	84.3%	91.5%	1,400						
Washington	314	234	74.5%	82.5%	2,037						
Wicomico	253	197	77.9%	81.7%	17,485						
Worcester	77	67	87.0%	89.6%	6,670						
Corrections	979	645	65.9%	71.3%	15,271						
Total	30,567	22,571	73.8%	83.8%	11,600						